

**2015 - 2019 Capital Budget Request Form**

Department Agency Number	892	Contact Name	Patricia Henry, Deputy Director or Deandra Grant-Watson , Chief Accountant						
Department Name	French Market	Contact Number	(504) 522-2621						
Date		Contact E-Mail	<a href="mailto:pHenry@frenchmarket.org">pHenry@frenchmarket.org</a> or <a href="mailto:dWatson@frenchmarket.org">dWatson@frenchmarket.org</a>						
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2015	2016	2017	2018	2019
FMC - 1	5	60	Annual Allowance for Beautification	\$ 872,248.20	-	136,447	245,267	245,267	245,267
FMC - 2	8	51	Vehicle Replacement Program	\$ 50,000.00	-	-	25,000	25,000	-
FMC - 3	6	20	Painting French Market Buildings	\$ 200,000.00	-	50,000	50,000	50,000	50,000
FMC - 4	4	51	Public Restroom Renovations	\$ 200,000.00	100,000	50,000	-	-	50,000
FMC - 5	3	54	HVAC Upgrades	\$ 150,000.00	-	150,000	-	-	-
FMC - 6	9	39	Equipment - Security/Maintenance	\$ 50,000.00	-	25,000	25,000	-	-
FMC - 7	10	57	Site Furnishing Upgrade/Replacement	\$ 50,000.00	-	25,000	25,000	-	-
FMC - 8	11	39	Technology Upgrades	\$ 130,000.00	25,000	25,000	15,000	50,000	15,000
FMC - 9	1	54	Major Electrical Repair/Modernization	\$ 200,000.00	-	200,000	-	-	-
FMC -10	2	54	Major Building Repairs	\$ 677,060.00	177,060	200,000	200,000	100,000	-
FMC -11	7	63	Flagstone Repairs	\$ 125,000.00	-	25,000	50,000	25,000	25,000
FMC - 12	18	54	Parking Lot Automation	\$ 200,000.00	200,000	-	-	-	-
UPB - 13	1	0	Courtyard Windows/Gutters	\$ 750,000.00	250,000	500,000	-	-	-
UPB - 14	2	0	Deferred Roof Repair	\$ 300,000.00	100,000	50,000	50,000	50,000	50,000
UPB - 15	3	0	Wilkinson Façade Wall Repairs	\$ 200,000.00	50,000	50,000	50,000	50,000	-
UPB - 16	4	0	Deferred Maint.(Paint,Milwork,	\$ 375,000.00	75,000	75,000	75,000	75,000	75,000
UPB - 17	5	0	HVAC Replacement	\$ 240,000.00	-	160,000	80,000	-	-
UPB - 18	6	0	Common Hallway Painting/Repairs	\$ 300,000.00	60,000	60,000	60,000	60,000	60,000
UPB - 19	7	0	Apartment Intercom/Entry System	\$ 100,000.00	100,000	-	-	-	-
				\$ 5,169,308.20	\$ 1,137,060.00	\$ 1,781,447.20	\$ 950,267.00	\$ 730,267.00	\$ 570,267.00

Department Head Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Annual Allowance for Beautification	Department Priority Ranking	5
Project Type	C	Is a Land acquisition needed? (Y/N)	No
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Project include new public art, Moonwalk site improvements, Bienville Park landscaping and irrigation system installation, Latrobe Park installat		
Five Year Summary	2015-\$0; 2016-136,447; 2017-245,267; 2018-245,267; 2019-245,267		
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 872,248.20	Proposed Funding Source	Self generated funds.
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

Agency Number		Department Name	#N/A
Project Name	Annual Allowance for Beautification	Department Priority Ranking	5
Categories			
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	3	9	
Operating Budget	1	3	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
TOTAL Ranking	20	60	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Vehicle Replacement Program	Department Priority Ranking	8
Project Type	D	Is a Land acquisition needed? (Y/N)	No
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Vehicles are scheduled for replacement every five years.		
Five Year Summary	2015-2016-\$0; 2017- 25,000; 2018- 25,000; 2019- \$0		
Has an Architect or Engineer prepared drawings for this project?	Not applicable	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No.	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$50,000	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	Not applicable	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	N/A	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2017-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Vehicle Replacement Program	Department Priority Ranking	8
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	3	9	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	0	0	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>17</b>	<b>51</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Painting French Market Buildings	Department Priority Ranking	6
Project Type	C	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Painting of all French Market Buildings		
Five Year Summary	2015-\$0; 2016-50,000; 2017-50,000; 2018-50,000; 2019- 50,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$200,000	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Painting French Market Buildings	Department Priority Ranking	6
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	1	3	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	2	6	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
<b>TOTAL Ranking</b>	<b>20</b>	<b>20</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Public Restroom Renovations	Department Priority Ranking	4
Project Type	B	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Public Restroom Upgrades, Bldg. A, B, D and Washington Artillery Park		
Five Year Summary	2015-\$100,000; 2016-50,000; 2017-0; 2018-0; 2019-50,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	Modern facilities will be provided for public use	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Public Restroom Renovations	Department Priority Ranking	4
Categories	Rating	Score	
Public Health and Safety	1	3	
External Requirements	1	3	
Protection of Capital Stock	1	3	
Economic Development	1	3	
Operating Budget	1	3	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	1	3	
Intensity of Use	1	3	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	1	3	
Special Need	1	3	
Entergy Consumptom	1	3	
Timeliness/ External	1	3	
Public Support	1	3	
TOTAL Ranking	17	51	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	HVAC Upgrades	Department Priority Ranking	3
Project Type	B	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	HVAC Upgrades - Washington Artillery Park, Bldgs. B and E		
Five Year Summary	2015-\$0; 2016-150,000; 2017-0; 2018-0; 2019-0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 150,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?	N/A	For what year are you requesting the Project? 2014,2015,2016, or 2017	2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	HVAC Upgrades	Department Priority Ranking	3
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	2	6	
Benefit/ Cost	1	3	
Potential for Duplication	1	3	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Equipment - Security/Maintenance	Department Priority Ranking	9
Project Type	D	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Washington Artillery Park security light installation, CCTV Cameras installation and maintenance cart		
Five Year Summary	2015- \$0; 2016-25,000; 2017- 25,000; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	Not applicable	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 50,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	N/A	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2017
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Equipment - Security/Maintenance	Department Priority Ranking	9
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	1	3	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	0	0	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>13</b>	<b>39</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Site Furnishing Upgrade/Replacement	Department Priority Ranking	10
Project Type	D	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Periodic replacement of site furnishings through the Market District		
Five Year Summary	2015- \$0; 2016-25,000; 2017- 25,000; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	not applicable	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 50,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements		If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2017
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Site Furnishing Upgrade/Replacement	Department Priority Ranking	10
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
<b>TOTAL Ranking</b>	<b>19</b>	<b>57</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Technology Upgrades	Department Priority Ranking	11
Project Type	D	Is a Land acquisition needed? (Y/N)	no
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Computer Equipment and Software Upgrades		
Five Year Summary	2015- \$25,000; 2016-25,000; 2017- 15,000; 2018- 50,000; 2019- 15,000		
Has an Architect or Engineer prepared drawings for this project?	N/A	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	N/A	If yes please provide estimate of increase in operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 130,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	N/A	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Technology Upgrades	Department Priority Ranking	11
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	0	0	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	0	0	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	1	3	
<b>TOTAL Ranking</b>	<b>13</b>	<b>39</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Major Electrical Repair/Modernization	Department Priority Ranking	1
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Washington Artillery Park security lighting installation, electrical upgrades/repairs in Bldgs. A, B, D, WAP and trash yard		
Five Year Summary	2015- \$0; 2016-200,000; 2017- 0; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?	N/A	For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Major Electrical Repair/Modernization	Department Priority Ranking	1
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	2	6	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	1	3	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Major Building Repairs	Department Priority Ranking	2
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Major Building repairs and renovations. Bldg. A millwork repairs, expand/renovate security command center, renovate admin office		
Five Year Summary	2015- \$177,060; 2016-200,000; 2017- 200,000; 2018- 100,000; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 677,060.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Major Building Repairs	Department Priority Ranking	2
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	3	9	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>21</b>	<b>63</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	Flagstone Repairs	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair damaged flagstone throughout the market		
Five Year Summary	2015- \$0; 2016-25,000; 2017- 50,000; 2018- 25,000; 2019- 25,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 125,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	Flagstone Repairs	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	French Market Parking Lot Automation	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Automation of French Market parking lot		
Five Year Summary	2015- \$200,000; 2016-0; 2017- 0; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Agency Number	Blank	Department Name	Blank
Project Name	French Market Parking Lot Automation	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	0	0	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	1	3	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	3	9	
Potential for Duplication	0	0	
Availability of Financing	3	9	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Courtyard Windows/ Gutters	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Restoration of Upper Pontalba courtyard facades and and complete replacement of gutters in each courtyard		
Five Year Summary	2015- \$250,000; 2016-500,000; 2017- 0; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 750,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2016
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-Courtyard Windows/ Gutters	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Deferred Roof Repair	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair and replace slate, copper, flashing and chimney tuck pointing.		
Five Year Summary	2015- \$100,000; 2016-50,000; 2017- 50,000; 2018- 50,000; 2019- 50,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-Deferred Roof Repair	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Wilkinson Façade Wall Repairs	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Tuck point brick wall that runs the entire brick façade fronting Wilkerson Row		
Five Year Summary	2015- \$50,000; 2016-50,000; 2017- 50,000; 2018- 50,000; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 200,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2018
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-Wilkinson Façade Wall Repairs	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Deferred Maint. (Paint, Millwork,	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair damaged flagstone throughout the market		
Five Year Summary	2015- \$75,000; 2016-75,000; 2017- 75,000; 2018- 75,000; 2019- 75,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 375,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

<b>Capital Budget Request Priority Rating Form</b>			
<b>Agency Number</b>	Blank	<b>Department Name</b>	Blank
<b>Project Name</b>	UPB-Deferred Maint. (Paint, Millwork,	<b>Department Priority Ranking</b>	7
<b>Categories</b>	<b>Rating</b>	<b>Score</b>	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	18	54	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-HVAC Replacement	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace HVAC units in residential units		
Five Year Summary	2015- \$0; 2016-160,000; 2017- 80,000; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 240,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	N/A		
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2016-2017
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-HVAC Replacement	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Common Hallway Painting/Repairs	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Repair stucco plaster and painting in residential common areas		
Five Year Summary	2015- \$60,000; 2016-60,000; 2017- 60,000; 2018- 60,000; 2019- 60,000		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015-2019
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-Common Hallway Painting/Repairs	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumptom	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	

Capital Budget Request Form			
Agency Number	892	Department Name	French Market
Project Name	UPB-Apartment Intercom/ Entry System	Department Priority Ranking	7
Project Type	C	Is a Land acquisition needed? (Y/N)	n
Project Address	1008 N. Peters Street	Council District	C
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace existing intercom/entry voice system to residential units.		
Five Year Summary	2015- \$100,000; 2016-0; 2017- 0; 2018- 0; 2019- 0		
Has an Architect or Engineer prepared drawings for this project?	no	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	no	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 100,000.00	Proposed Funding Source	Self generated funds
Does this project fall in line with the current Zoning requirements	N/A	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
What Benefit(s) will be provided to Public from this project?		For what year are you requesting the Project? 2013,2014,2015,2016, or 2017	2015
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	N/A	If no please discuss required improvements and estimated costs	

### Capital Budget Request Priority Rating Form

Capital Budget Request Priority Rating Form			
Agency Number	Blank	Department Name	Blank
Project Name	UPB-Apartment Intercom/ Entry System	Department Priority Ranking	7
Categories	Rating	Score	
Public Health and Safety	2	6	
External Requirements	0	0	
Protection of Capital Stock	1	3	
Economic Development	0	0	
Operating Budget	2	6	
Life Expectancy of Project	0	0	
Percent of Population Served by Project:	3	9	
Relation to dopted Plans	0	0	
Intensity of Use	3	9	
Scheduling	3	9	
Benefit/ Cost	1	3	
Potential for Duplication	0	0	
Availability of Financing	1	3	
Special Need	0	0	
Entergy Consumption	2	6	
Timeliness/ External	0	0	
Public Support	0	0	
<b>TOTAL Ranking</b>	<b>18</b>	<b>54</b>	